



Individualized Learning Plan (ILP)

Varsha Songara, MD [Harnett Health System Dunn, NC](#)

Sandi Moutsios, MD

Disclosure

Varsha:

No financial conflict

Sandi:

No financial conflict

I work part-time teaching RCC skills with the Academy for
Communication in Healthcare



Academy of
Communication
in Healthcare



Goals

- Learn how to create an effective ILP for residents
- Envision where this could work in your program



Objectives

1. Discuss the theory background for the ILP design
2. List the components of an individualized learning plan (ILP)
3. Create a resident ILP
4. Compare and contrast coaching approaches for different levels of learners



How do you use ILPs
in your own program?



Residency Requirements

Residency Programs	ACGME – ILP requirement	Recurrence	Milestone
FM	Yes	Annual	PBLI-2, Prof-3
IM	Yes	—	PBLI-2, Prof-4
TY	Yes	—	PBLI-2, Prof-3
OB/GYN	Yes	—	PBLI-2, Prof-4
Pediatrics	Yes	Annual	PBLI-2, Prof-4
Surgery	Yes	-	PBLI-2, Prof-2/4

What is an ILP?



- **Definition** = Individualized learning plan
- **Origins** = An adaptation from *learning contracts* described from adult learning theory
- **Educational Construct** = It is a mini-curriculum for self
- **QI Construct** = Its a PDSA cycle for *self*-improvement



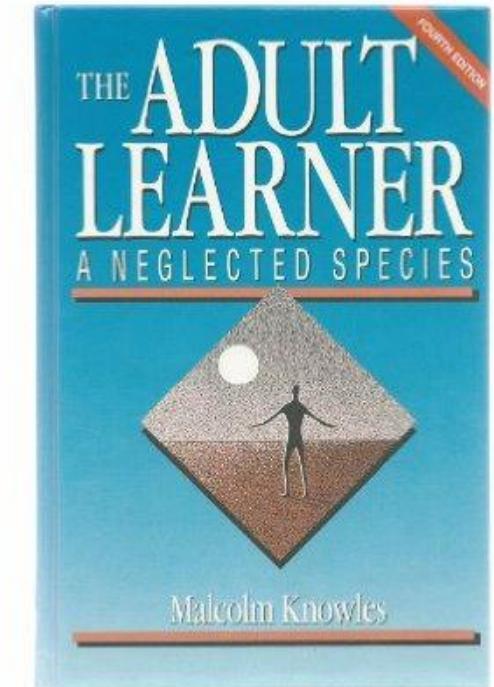
Adult Learning Theory: Knowles 1960s -Introducing Andragogy

Pedagogy

- “the art and science of teaching children”

Andragogy

- the art and science of teaching adults



Knowles, Malcolm. *The Adult Learner: A Neglected Species*. 4th Ed. Gulf Publishing CO. Houston, TX, 1990.

The Andragogical Model -Six Assumptions

Need to know
WHY?

Prefer
Autonomy

Has unique
Life
Experience

Ready to learn:
A real-life
situation

Orientation :
Problem-
centered

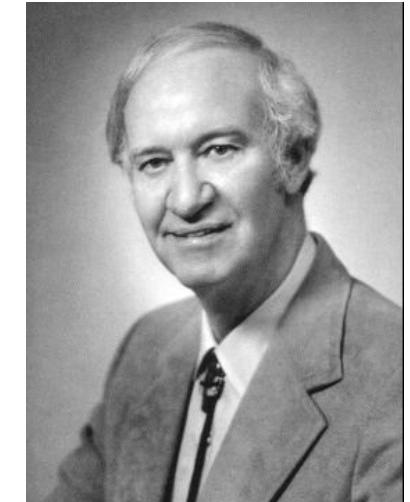
Motivation:
Intrinsically
motivated



Knowles, Malcolm. *The Adult Learner: A Neglected Species.* 4th Ed. Gulf Publishing CO. Houston, TX, 1990.

Learning Contracts

“Without question the single most potent tool I have come across in my more than half a century of experience with adult education is contract learning.”



Knowles, Malcolm. *The Adult Learner: A Neglected Species*. 4th Ed. Gulf Publishing CO. Houston, TX, 1990, p.139.

Components of Learning Contracts

- 1) Diagnose your learning needs
- 2) Define your learning objectives
- 3) Define your resources/tools/strategies
- 4) Specify your evidence of accomplishment
- 5) Specify how the evidence will be validated
- 6) Review with a consultant/mentor
- 7) Carry out the contract
- 8) Evaluate your learning

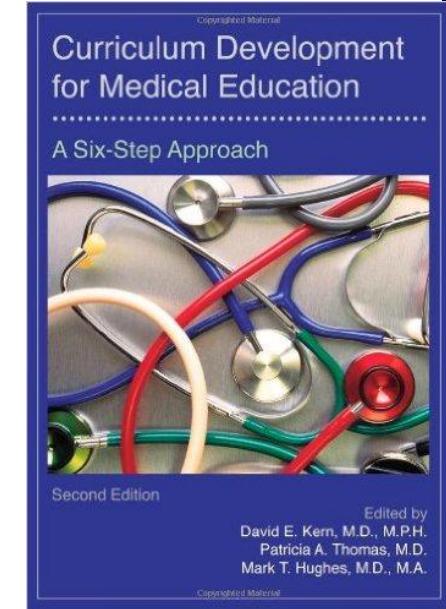
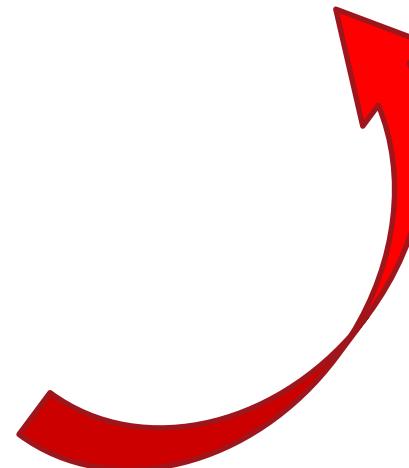


Knowles, Malcolm. *The Adult Learner: A Neglected Species.* 4th Ed. Gulf Publishing CO. Houston, TX, 1990.

Curriculum Design

Kern and Thomas' Six Steps:

- 1) Problem identification/needs assessment
- 2) Targeted needs assessment
- 3) Goals and objectives
- 4) Educational strategies
- 5) Implementation
- 6) Evaluation & Feedback



Kern DE, et al: Curriculum Development for Medical Education – A Six-Step Approach.
Baltimore: The Johns Hopkins Univ. Press. 1998

Quality Improvement: PDSA Cycle

Decide what's
next/
Do it again

Act

Decide what's next.
Make changes and
start another cycle.

Plan

Describe objective,
change being tested,
predictions.
Needed action steps.
Plan for collecting data.

Study

Analyze data.
Compare outcomes
to predictions.
Summarize what
you learned.

Do

Run the test.
Describe what
happens.
Collect data.

Evaluate
your learning

Dx your
learning needs

Define
learning
objectives

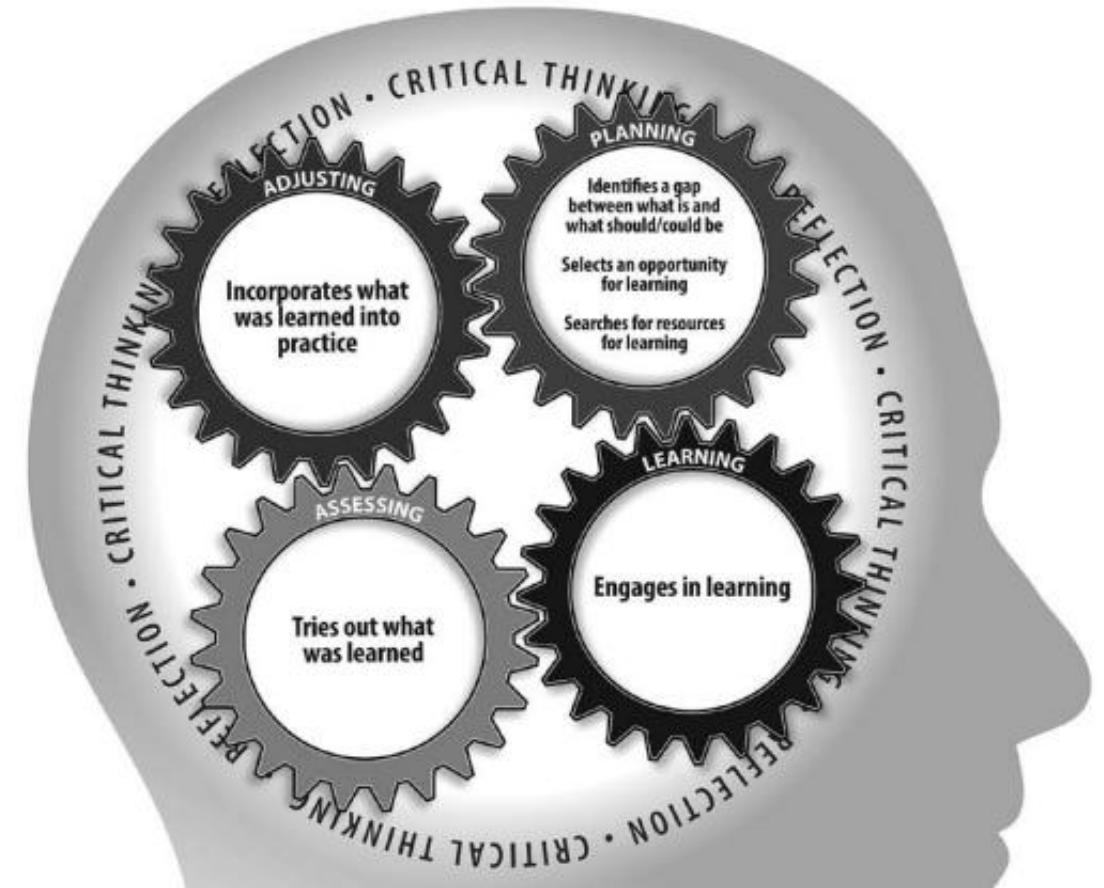
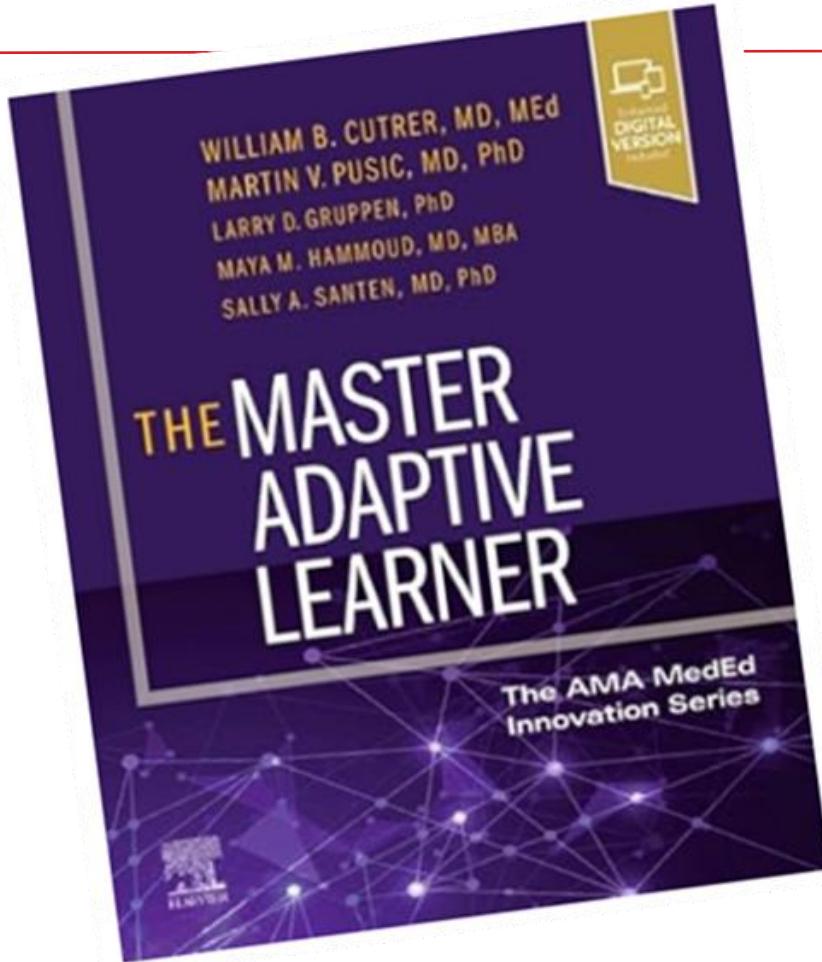
Define
tools/strategies/
resources

Carry out
your contract





Master Adaptive Learner



Cutrer W, Miller B, Pusic M, et al.. Fostering the Development of Master Adaptive Learners: A Conceptual Model to Guide Skill Acquisition in Medical Education. Academic Medicine. 2017; 92

Master Adaptive Learner

- Adaptive expertise requires
 - An openness to reflecting on practice
 - Meta-reasoning skills to recognize that routine expertise schema stored in long-term memory will not work
 - Critical thinking to challenge current assumptions and beliefs
 - The ability to reconstruct the problem space



Cutrer W, Miller B, Pusic M, et al.. Fostering the Development of Master Adaptive Learners: A Conceptual Model to Guide Skill Acquisition in Medical Education. Academic Medicine. 2017; 92 (1): 70-75

Remediation Plan

- Responds to deficiency
- Only for some learners
- Limited to training requirements
- Focused only on gaps

Both

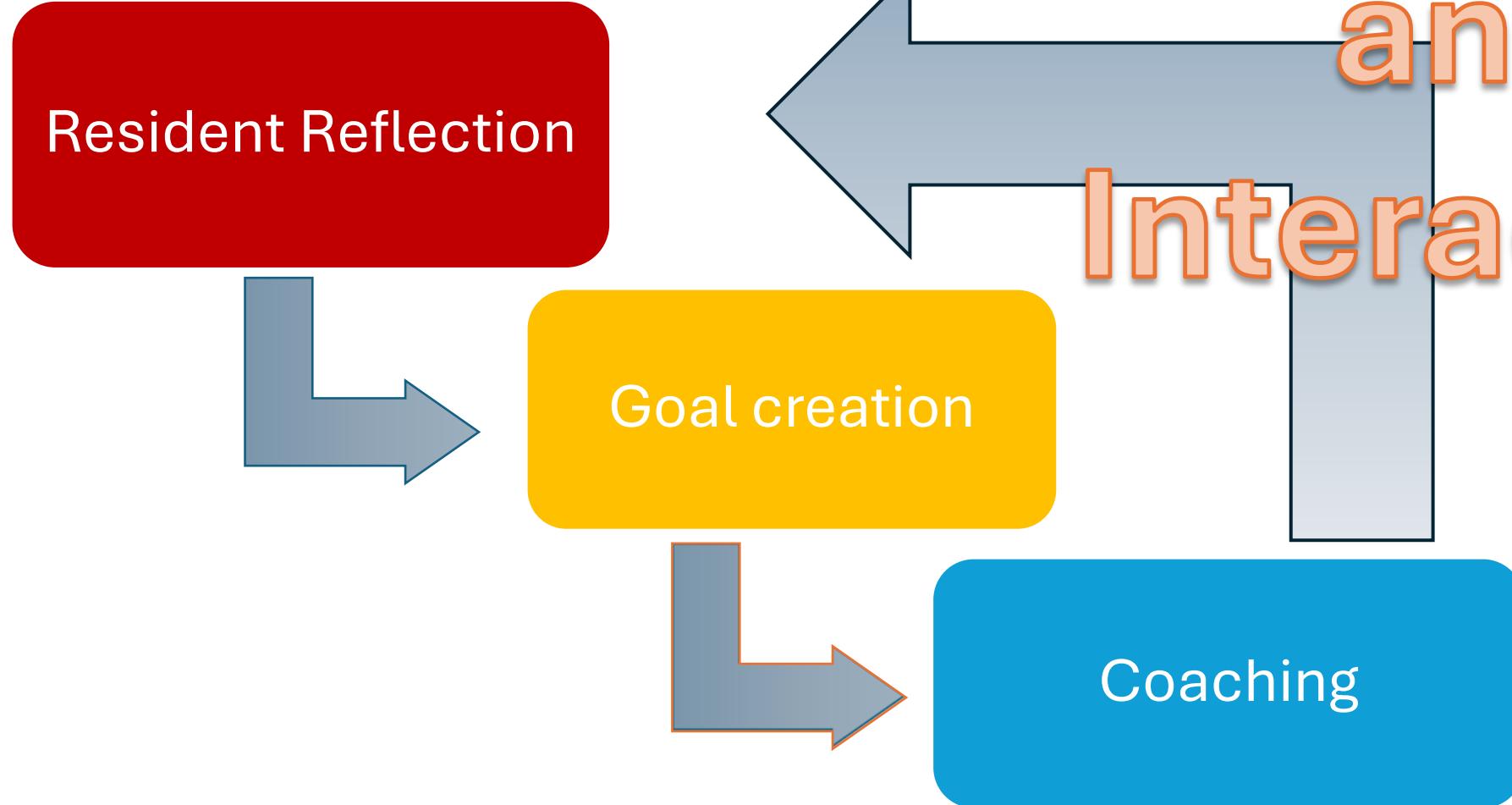
- Outlines ways to improve
- Uses concrete benchmarks of achievement

Learning Plan

- Prevents a deficiency
- Helpful for all learners
- Recognizes personal learning styles
- Focused on end goals, skills for future practice

ILP Pathway

Iterative
and
Interactive



Step 1

Define career goals

Start with the end in mind...

What is your
ideal
career?

What skills
do you need
to have?

YOU ARE HERE
PGY 1



Adobe Stock | #344942095

PGY 2

PGY 3



**Identify
Professional
Goals**

- Long term 3-5 yrs
- Short term 6-12 mos





Four Step ILP

Step 1 -

Define the Gap: Goals vs. Current State

Step 2 -

Create learning objectives

Step 3 -

Define tools/strategies/resources

Step 4 -

Evaluate learning

*Based on the American Academy of Pediatrics (AAP)
Pedialink Web based ILP tool. Available online at
www.pedialink.org*



Case

Sandra's long-term goal is to provide inpatient care in a community hospital setting. She is a rising second-year and in preparation of her ILP, she reflects on her PGY-1 year and thinks she has done well. She is looking forward to being a senior on her inpatient rotation, to build confidence for independent practice. Her short-term goal is to do well in inpatient rotation and pass the board exam. She identifies an area of opportunity in her medical knowledge, specifically in cardiology, based on her last ITE score.

Step 1 A/B:

Define the Gap – Goals vs Current State



<https://thepetshow.com/building-your-cats-self-confidence/>



STEP 1A – Define the gaps–Where are they now?

What data do you have about their skills?

- Milestones
- Self assessment
- ITEs
- Rotation evaluations
- 360s- nursing, patients, peers
- OSCEs
- Sim lab
- E-mail
- Morning reports
- QI projects
- Research
- Procedure logs
- Teaching skills
- Self-reflection



Data Review

Early PGY2 in Medicine – Typical Resident

CCC global assessment - Overall doing well

Inpatient rotation eval - Right on track for early PGY-2, good fund of knowledge

ITE score - 50%ile nationally, except cardiology at 10%ile

Peer 360 evals - Generally good, team player, positive attitude, good work ethic, some concerns for lack of confidence leading a team and some difficulty with organizational skills leading to long rounds

Nursing 360 from clinic – great resident, great personality, gets works done, pleasant to work with, great with patients

Continuity clinic preceptor – Great rapport with patients, great work ethic, positive attitude, slow in clinic. Did one direct obs in clinic - difficulty with agenda setting and a return patient took an hour. Stays late every week in clinic.

Patient 360 - No complaints, all would recommend to a friend, one wrote a narrative about how much time this resident spent with pt and her family with a significant concern – they felt really heard

QI/Research Mentor - Proactive, eager, project is at data collection stage, plan for poster presentation at upcoming conference.



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Step 1B Self-reflection—Where are they now?

Skills	Recall then describe situations that demonstrate the ways in which you <u>excel</u> at these skills	Recall then describe situations that demonstrate where you have <u>opportunities for growth</u> in these skills.
Patient Care <ul style="list-style-type: none">• Ac. illness• Chr. illness• Health promotion/wellness• Undifferentiated diagnosis• Procedural care	<ul style="list-style-type: none">• <i>I build rapport quickly with patients and families – a struggling family on the CHF service, I helped build trust and facilitated a challenging discharge plan</i>• <i>I have been working on inpt team leadership skills - last month on gen med the interns felt supported and said I let them lead round and helped them be prepared</i>	<ul style="list-style-type: none">• <i>Efficiency in clinic – I don't know how to limit patients who are chatty and my visits are too long</i>
Medical Knowledge <ul style="list-style-type: none">• Patho-physiology• Critical thinking/decision making	<ul style="list-style-type: none">• <i>I create good complete differentials</i>• <i>Overall, feel like I know what I know and know what I don't know – and I have gotten that feedback from my clinic attending</i>	<ul style="list-style-type: none">• <i>Cardiology knowledge base for sure! I know you have seen my ITE score!</i>



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Can you define the gap here?



Accuracy of self-reflection

Data Review

- ITE - cardiology at 10%ile
- Lack of confidence leading a team / organizational skills leading to long rounds
- Time management - difficulty with agenda setting

Self Reflection

- Build rapport quickly
- Working on leadership skills to manage leadership skills
- Create good complete differentials
- Knows own limitation
- Time management - visits are too long
- Improve cardiology knowledge base



Step 2-4 - ILP Worksheet - Example

Learning Objectives	Tools/Strategies/Resources	Evaluate	Assessment of Progress: Date:

Step 2

Create 2-3 Learning Objectives (make them **SMART**)

SMART!

- Specific
- Measurable
- Achievable
- Realistic
- Time-bound

Framework for writing
SMART objectives:

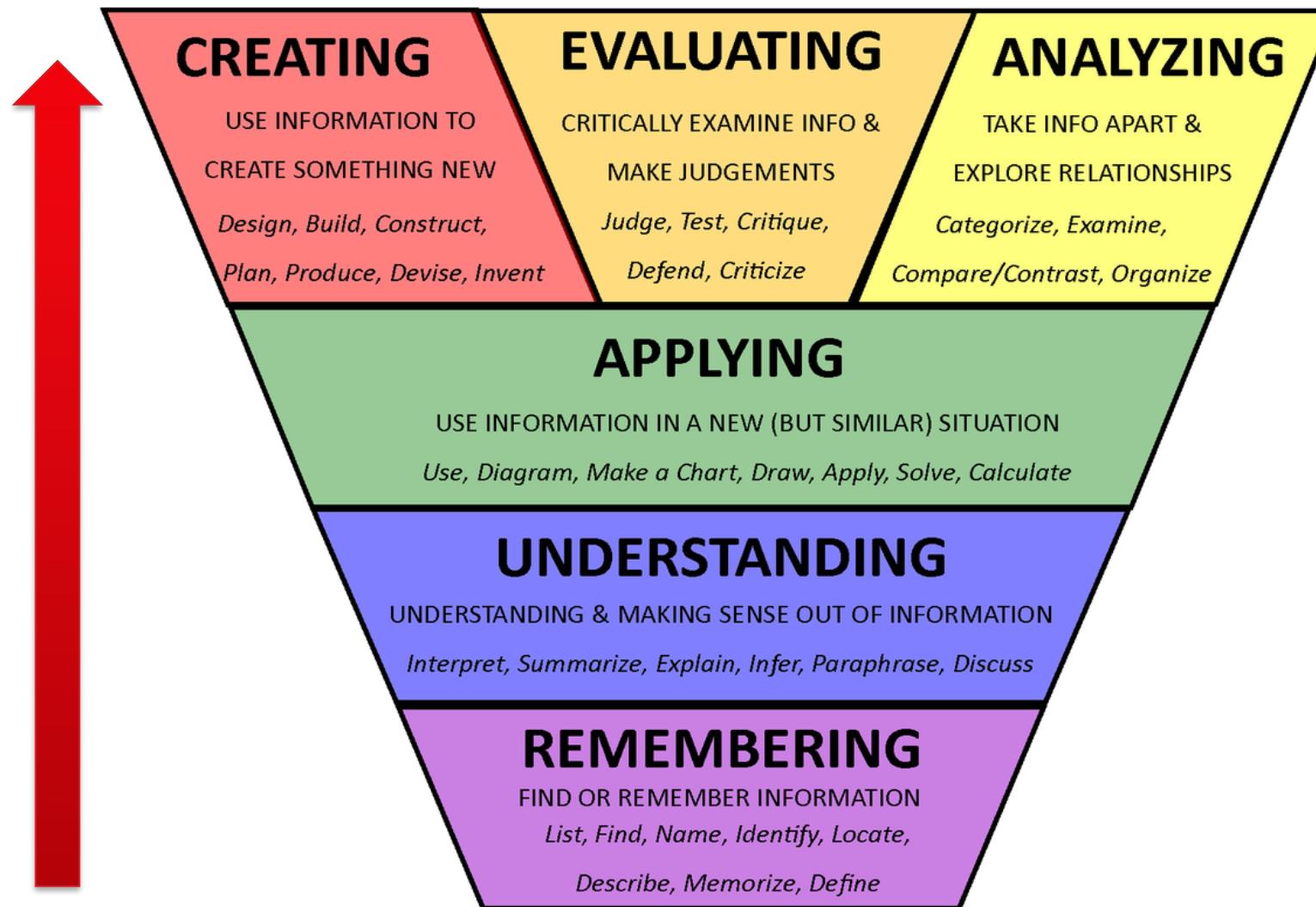
- Who
- will do
- how much
- of what
- by when?



Bloom's Taxonomy of Cognitive Domain

Increasing
Levels of
learning

Increasing
difficulty to
measure



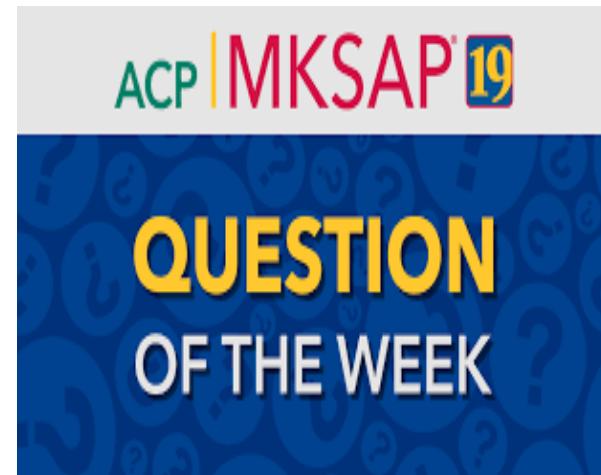
Step 2 - ILP Worksheet - Example

Learning Objectives	Tools/Strategies/Resources	Evaluate	Assessment of Progress: Date:
1) By next clinic block, I will practice agenda setting, and complete 50% of my clinic visits in the allotted time for that visit.			
2) Over the next 6 months, I will improve my cardiology knowledge base to score over the 50%ile on the medicine ITE next August.			
3) During my next inpatient rotation, I will lead the rounds as senior every day			



Step 3 – Strategies/Tools/Resources

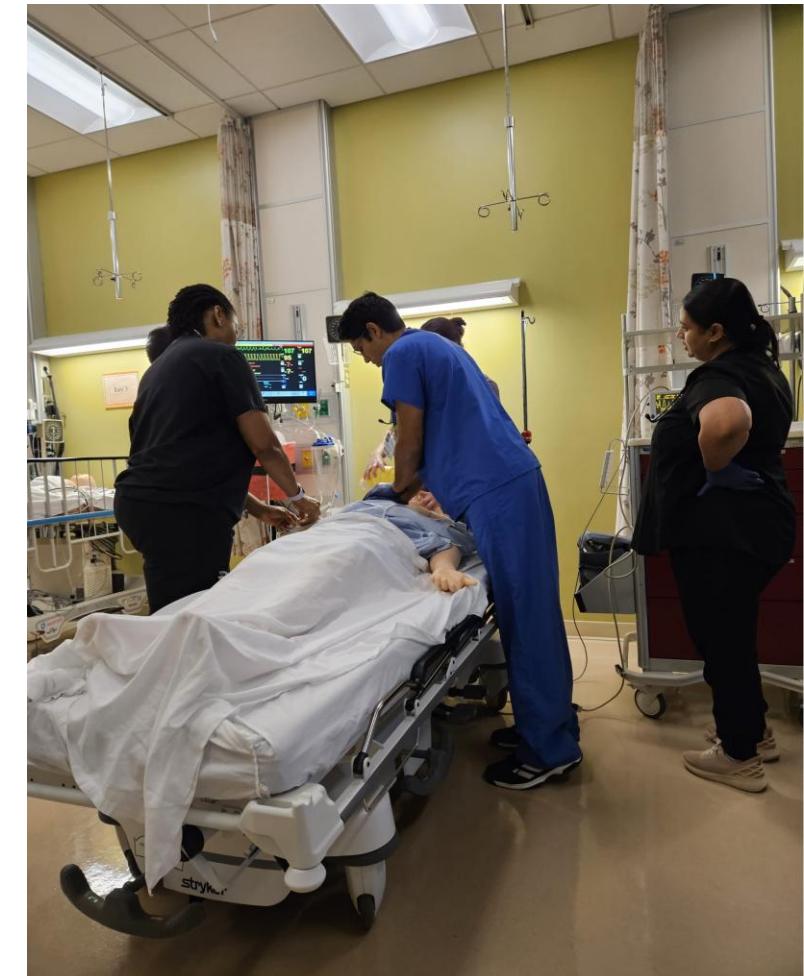
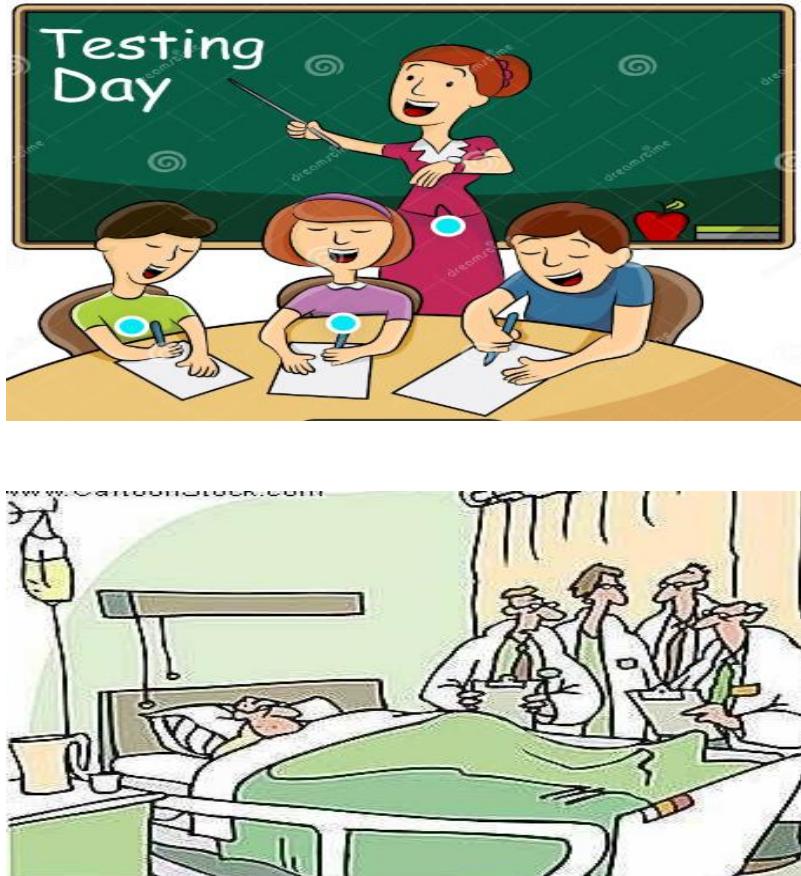
Rosh Review EM Scholar Monthly Question



Step 3 - ILP Worksheet - Example

Learning Objectives	Tools/Strategies/Resources	Evaluate	Assessment of Progress: Date:
1) By next clinic block, I will practice agenda setting, and complete 50% of my clinic visits in the allotted time for that visit.	<ul style="list-style-type: none"><i>Review agenda setting literature (ACGME)</i><i>Ask a trusted preceptor to directly observe my agenda setting</i>		
2) Over the next 6 months, I will improve my cardiology knowledge base to score over the 50%ile on the medicine ITE next August.	<ul style="list-style-type: none"><i>Complete all board review cardiology questions</i><i>Adjust elective this year to cards</i><i>Read one review article about cards each week</i>		
3) During my next inpatient rotation, I will lead the rounds as senior every day	<ul style="list-style-type: none"><i>Inpatient team expectation</i><i>ROSH review questions for inpatient care</i>		

Step 4 – Evaluate Their Learning



Step 4 - ILP Worksheet - Example

Learning Objectives	Tools/Strategies/Resources	Evaluate	Assessment of Progress: Date:
1) By next clinic block, I will practice agenda setting, and complete 50% of my clinic visits in the allotted time for that visit.	<ul style="list-style-type: none"><i>Review agenda setting literature</i><i>Ask a trusted preceptor to directly observe my agenda setting</i>	<ul style="list-style-type: none"><i>Track clinic cycle times</i><i>Review evals with PD at semi-annual</i>	
2) Over the next 6 months, I will improve my cardiology knowledge base to score over the 50%ile on the medicine ITE next August.	<ul style="list-style-type: none"><i>Complete all board review cardiology questions</i><i>Adjust elective this year to cards</i><i>Read one review article about cards each week</i>	<ul style="list-style-type: none"><i>ITE score</i><i>Review with PD/Advisor at semi-annual</i>	
3) During my next inpatient rotation, I will lead the rounds as senior every day	<ul style="list-style-type: none"><i>Inpatient team expectation</i><i>ROSH review questions for inpatient care</i>	<ul style="list-style-type: none"><i>Meet with inpatient faculty prior to rotation</i><i>Seek timely feedback</i>	

Practice Time! (10 min)

Individual work first (5 min)

- Pretend you are the resident in the scenario
- Review the long and short terms goals
- Write 2-3 learning objectives (as the resident might)

Dyads (5 min)

- Are your learning objectives SMART
- How might you change them?
- Are they appropriate content?
- What might you coach the resident to add/change?



Debrief

What was that exercise like?

Could this be useful for your faculty?

How might you use this going forward?



Closing Summary

Hopefully now you can:

1. Discuss the theory background for the ILP
2. List the components of an ILP
3. Create a resident ILP
4. Compare and contrast coaching approaches for different levels of learners



Further Reading:

Knowles, Malcolm. *The Adult Learner: A Neglected Species*. 4th Ed. Gulf Publishing CO. Houston, TX, 1990.

Deci EL and Ryan RM. Self-determination Theory: When Mind Mediates Behavior. *The Journal of Mind and Behavior*. 1980; Vol.1, No. 1.

Burke A. Individualized learning plans: faculty as facilitators. MedEdPORTAL Web site. Available at: <http://services.aamc.org/30/mededportal/servlet/s/segment/mededportal/> Accessed July 28, 2010

Sargaent J, Armson H, Chesluk B, et. al. The Process and Dimensions of Informed Self-Assessment: A Conceptual Model. *Academic Medicine*. 2010; Vol. 85, No. 7.

Saergaent J, Lockyear J, Mann K, et. al. Facilitated Reflective Performance Feedback: Developing an Evidence- and Theory-Based Model That Build Relationship, Explores Reactions and Content, and Coaches for Performance Change (R2C2). *Academic Medicine*. 2015; Vol. 90, No. 12.

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Kiger ME, Riley C, Burke A, et. al. Use of Individualized Learning Plans to Facilitate Feedback Among Medical Students. *Teaching and Learning in Medicine*. 2020; Vol. 32, Iss. 4.

Accreditation Council on Graduate Medical Education. *Clinician Educator Milestones*. <https://www.acgme.org/what-we-do/accreditation/milestones/resources/clinician-educator-milestones> . Accessed 9/11/2022.

Srinivathan M, Braddock C, Skeff K, et.al. “Teaching as a Competency”: Competencies for Medical Educators. *Acad Med*, Vol 86, No. 10 / Oct 2011.

American Academy of Pediatrics (AAP). *Individualized Learning Plans*. Based on the America Academy of Pediatrics (AAP) Pedialink Web based ILP tool. Available online at www.pedialink.org.

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